

**REQUEST for CERTIFICATION of Americans with Disabilities Act
(ADA Paratransit ELIGIBILITY)**

VERIFICATION is needed to certify that you are unable to use the regular fixed-route Bus Service and need to use specialized "curb-to-curb" paratransit service. Evaluation of your Request will begin as soon as the form is completed and received. The information obtained in this request will only be used by the City of Fond du Lac and/or the Fond du Lac County for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas and WILL NOT BE shared with any other person or agency. Return completed, signed form to FOND DU LAC COUNTY SENIOR SERVICES DEPT. - ADA, 160 S. MACY STREET, FOND DU LAC, WI 54935. You will be notified of our determination within 14-21 days after we receive your Request. If you have any question, call 929-3110, Fond du Lac County Senior Services.

- 1) Name _____ Date of Birth _____
Address _____
State _____ Zip _____ Telephone # _____ Home _____ Work _____
- 2) The DISABILITY which prevents me from using the City "Bus service" is:
_____ Permanent _____ Temporary (If temporary, expected duration _____)
- 3) How does the disability prevent you from using the City "bus service" ? (Explain completely)

- 4) How far can you walk without the assistance of another person?
_____ 1 block _____ 2-3 blocks _____ 4-9 blocks
- 5) Is your ability to travel affected by extremes in the weather? _____ Yes _____ No
If yes, please explain: _____

- 6) Do you require a Personal Care Attendant: _____ Yes _____ No
- 7) Other effects or disability of which we need to be aware: _____

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip request can be made by the City of Fond du Lac/Fond du Lac County.

- 8) Do you use any of the following aids to MOBILITY? CHECK ALL THAT APPLY
_____ manual wheelchair _____ electric wheelchair _____ powered scooter
_____ cane _____ crutches _____ guide dog
- 9) I here by CERTIFY that the information given above is correct:

Signature _____

Date _____

Continued on the Reverse Side.

RECEIVED

- 10) If this REQUEST FOR CERTIFICATION has been completed by someone other than the person needing service, that person must complete/sign the following:

Name _____ Telephone # _____ Home _____
Address _____ Work _____
State _____ Zip _____ Reason _____

Signature _____ Date _____

- 11) In order for the City of Fond du Lac/Fond du Lac County to evaluate the request, it may be necessary to contact a physician or other professional to confirm the provided information. Please complete the following information and authorization form.

The following _____ Physician _____ Health Care Professional _____ Rehabilitation Professional is familiar with my DISABILITY and is authorized to provide required information to the City of Fond du Lac/Fond du Lac County to complete the REQUEST for CERTIFICATION:

Name _____
Address _____
State _____ Zip _____

Signature of Person Requesting Certification

Date

OFFICE USE (only) Date in: _____ (received). Date out: _____ (21 days Max.).
_____'s REQUEST is: _____ approved _____ not approved

Level _____ Coding + # _____
Certifier _____ Date _____

CODING:

W - wheelchair/walker/brace/other
WT - wheelchair/walker/brace/other (TEMPORARY)

P - physical disability
PT - physical disability (TEMPORARY)

D - developmental disability

M - psychiatric disability

C - climate sensitivity
CS - climate sensitivity (seasonal TEMPORARY)

E - escort (one-to-one/automobile) (TEMPORARY)
ET - escort (one-to-one/automobile) (TEMPORARY)

RETURN TO:

Fond du Lac County
Senior Services Dept. - ADA
160 S. Macy Street
Fond du Lac, WI 54935

Direct questions to 929-3110, Fond du Lac County, Senior Services Dept.